

California Application to Participate in the e-file Program

FORM

8633

1	Please print or type This application is (check one) <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Reinstatement <input type="checkbox"/> On-line Filing			
a Federal Employer Identification Number FEIN # _____	b IRS Electronic Filer Identification Number EFIN # _____	c IRS Electronic Transmitter Identification Number ETIN # _____	d Service Bureau Identification Number (if applicable) SBIN # _____	
e Legal name of firm as shown on tax return.				
f Doing Business As (DBA) Name (if other than the legal name in item 1e).				
g Permanent mailing address (include street or PO Box, City, State, Zip Code)				
h Business address (if different from the physical location, include Street, City, State, Zip Code)				
i Check the box that indicates your firm's organizational structure and complete Side 3, if applicable. If a partnership, enter the number of partners; if a corporation, enter the corporation number; if other, please specify (e.g., associations, credit unions, employers/organizations offering service as a benefit to its employees or members, government agencies, Volunteer Income Tax Assistance (VITA)/Tax Counseling for the Elderly (TCE) sites). <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership – Number of Partners _____ <input type="checkbox"/> Corporation – Corp # _____ <input type="checkbox"/> Other (Specify) _____ _____				
j As owner and/or controller of the business, please check the appropriate box and enter the corresponding number if applicable <input type="checkbox"/> CPA # _____ <input type="checkbox"/> Enrolled Agent # _____ <input type="checkbox"/> Attorney <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Registered Tax Preparer: CTEC # _____ and the Name of the Surety Bonding Company _____				
k <input type="checkbox"/> Check this box if you will be providing electronic filing and/or tax preparation as a benefit (no charge) and are not using the services to attract customers who will pay for tax preparation or transmission services. <i>Eligible entities include employers offering electronic filing free of charge as a benefit to their employees, government agencies, VITA/TCE sites, etc.</i>				
l Year round contact representative's name (first, middle, last) _____ Daytime telephone number (area code) (_____) _____ Ext. _____ FAX (include area code) (_____) _____ Internet email address _____		m Alternate contact representative (first, middle, last) _____ Daytime telephone number (area code) (_____) _____ Ext. _____ FAX (include area code) (_____) _____ Internet email address _____		

2 If you are owned or controlled by another electronic filer, provide the name and EFIN of the electronic filer owning or controlling your firm.

Name _____ EFIN _____

3 Please answer the following questions by checking the appropriate box:

- a) Will you or your firm transmit tax return data directly to the Franchise Tax Board (FTB)? ☐ Yes ☐ No

(NOTE: An Electronic Return Originator (ERO) who transmits through a third party is not categorized as a transmitter and should answer "NO" to Question 3a.)

- b) Will you or your firm write electronic filing software? ☐ Yes ☐ No

If "yes," provide the Internet Website address for locating software. _____

- c) Will you or your firm prepare tax returns including form FTB 8453, California Individual Income Tax Declaration for e-file, or collect completed returns including form FTB 8453 for the purpose of filing returns electronically? ☐ Yes ☐ No

4 Has the firm or any corporate officer, partner, owner or responsible official:

- a) Been assessed any California preparer penalties? ☐ Yes ☐ No
- b) Been convicted of a monetary crime? (See instructions on Side 4.) ☐ Yes ☐ No
- c) Failed to file California personal or business tax returns, or pay liabilities? ☐ Yes ☐ No
- d) Been convicted of any criminal offense under the U.S. Internal Revenue or California Revenue and Taxation Codes? ☐ Yes ☐ No

If the answer is yes to any of the above inquiries, attach a written explanation describing all pertinent facts.

Application Agreement

Under penalties of perjury, I declare that I have examined this application and any accompanying information, and to the best of my knowledge and belief it is true, correct, and complete. This firm and its employees will comply with all the provisions of FTB Pub. 1345, e-file Handbook for State of California Individual Income Tax Returns, and related publications, including fraud prevention and detection guidelines for all years of participation. I understand that if this firm is sold or its organizational structure is changed, acceptance for participation is not transferable and a new application must be filed. I agree to retain form FTB 8453, California Individual Income Tax Declaration for e-file, signed by the taxpayer in the form prescribed by the Franchise Tax Board. I further understand that noncompliance will result in the firm or individual no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the firm.

5 Name and title of the firm's official and/or principal owner (type or print)

6 Signature of the firm's official and/or principal owner

7 Date

8 Firm's Organizational Structure (Instructions for Side 1, 1i)

If you are NOT a government agency, VITA/TCE site, or providing electronic filing free of charge, you MUST complete this section. If you are a SOLE PROPRIETOR, list your name, home address, and social security number below. If your firm is a PARTNERSHIP, list the name, home address, and social security number of each partner who has five percent (5%) or more interest in the partnership. If your firm is a CORPORATION, list the name, title, address, and social security number of the President, Vice-President, Secretary, and Treasurer of the corporation. If you are a for-profit entity and have checked other, or you are a partnership and no partners have at least 5% interest in the partnership, list the name, title, home address and social security number of at least one individual authorized to act for the firm in legal and/or tax matters. (If additional space is required, attach a separate sheet.)

Name	Title	Home Address	Social Security Number

9 Drop-Off Collection Points — Complete this section as specified in the instructions on Side 4. If additional space is required, attach a separate sheet.

Name and Address or Drop-off Collection Point _____ _____	Name of Principal Contact: _____ Electronic Filer Identification Number (EFIN) _____	Telephone Number (_____) _____ Does this office operate 12 months of the year? Yes _____ No _____
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Instructions for Form FTB 8633

California Application to Participate in the e-file Program

General Information

A When and Where to File

e-file applications are accepted year-round. Send the completed application to:

**ELECTRONIC FILING PROGRAM
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468**

Send courier, freight or UPS deliveries to:

**ELECTRONIC FILING PROGRAM
FRANCHISE TAX BOARD
9645 BUTTERFIELD WAY
SACRAMENTO CA 95827**

B Telephone Information

If you have any questions, call the Franchise Tax Board's e-file Help Desk, Monday through Friday, between the hours of 8 a.m. and 5 p.m., Pacific Standard Time.

e-file Help Desk

Phone: (916) 845-0353

FAX: (916) 845-0287

Specific Instructions

- Line 1** – Check the appropriate box.
- Line 1a** – If your firm is a partnership or corporation, write the firm's Federal Employer Identification Number (FEIN).
- Line 1b** – Applicant must be a participant in the IRS e-file Program. California uses the Electronic Filer Identification Number (EFIN) assigned to you by the IRS. The EFIN must be included on the application. If you have multiple EFIN's for IRS purposes, indicate the EFIN you will use for California electronic filing.
- Line 1c** – California uses the Electronic Transmitter Identification Number (ETIN) assigned to you by the IRS. If you are planning to develop electronic filing software or transmit directly to FTB, the ETIN must be included on the application. If you have multiple ETIN's for IRS purposes, indicate the ETIN you will use for California electronic filing.
- Line 1d** – California uses the Service Bureau Identification Number (SBIN) assigned to you by the IRS. If you are a Service Bureau, include your SBIN.
- Line 1e** – If your firm is a sole proprietorship, write the name of the sole proprietor. If your firm is a partnership or corporation, write the name shown on the firm's tax return.
- Line 1f** – If for the purpose of electronic filing, you or your firm are using a name other than the name on line 1e, write that name(s) on this line.
- Line 1g** – Write the permanent mailing address of the firm.
- Line 1h** – Write the physical street address if it is different from the permanent mailing address.
- Line 1i** – Check the box that indicates your firm's organizational structure and complete Side 3 if applicable.

Line 1j – Check the appropriate box and enter the corresponding number if applicable. If you are not a CPA, EA or an attorney, include your CTEC # and the name of the surety bonding company. FTB will not delay your application if your bond is in a pending status. However, please notify FTB with the required bond information upon receipt.

Line 1k – Check this box ONLY if you are providing electronic filing and/or tax preparation as a benefit and are not using the services to attract customers who will pay for tax preparation services. Generally few applicants meet the criteria for checking this box. Eligible entities include employers offering electronic filing as a benefit to their employees, government agencies, VITA/TCE sites, etc.

Lines 1l and 1m – Enter information as required. FTB needs this information in case questions arise during testing or during the processing year.

Line 2 – Provide the name and EFIN of the owning/controlling firm.

Line 3 – Answer Yes or No. Include Website address if applicable.

Line 4 – Answer Yes or No. If Yes, provide an explanation. Monetary crimes include, but are not limited to: money laundering, embezzlement, stock fraud, etc.

Lines 5 and 6 – The person authorized to act and sign for the firm in legal and/or tax matters should complete these lines. **You must provide a live signature.**

Line 8 – Firm's Organizational Structure

Complete this section if you did not check the box on Line 1k, Side 1. If you are not a government agency, VITA/TCE site or providing e-filing free of charge, you **MUST** complete this section.

Line 9 – Drop-Off Collection Points

A drop-off collection point is where taxpayers can deposit their completed tax return, including form FTB 8453, for the purpose of having you file their returns electronically. If you acquire additional drop-off collection points after you file your application, you will need to submit a revised form FTB 8633.

Taxpayer Signature Document

The preparer or electronic return originator is required by law to **retain** form FTB 8453 in the form prescribed by FTB.

DO NOT MAIL FORM FTB 8453 TO FTB.

EXCEPTION: VITA/TCE SITES

Fraud Prevention and Detection

You can play an important role in assuring the integrity of electronically filed returns. You can assist us in fraud prevention and detection by following the guidelines listed in FTB Pub. 1345.